

TALKING BOOK SERVICE IDAHO COMMISSION FOR LIBRARIES

Toll free: 1-800-458-3271 Boise area: 334-2150 Fax: (208) 334-4016



SCHOOL AGREEMENT

Persons who use this service must have a visual and/or physical handicap or reading disability.

- Students must be certified as eligible and registered with the Talking Book Service. Attach individual application for each student if not already registered.
- Students with a reading disability must have their applications <u>certified by a medical doctor</u>.

PLEASE READ AND SIGN THE FOLLOWING: AS THE RESPONSIBLE PARTY,

- I certify that this service will be used by eligible students <u>only</u>.
- I agree to check out at least one book on tape per year and to return materials in the time allotted.
- I agree to take care of equipment.
- I agree to notify the Talking Book Service should I leave this position.
- I agree to be responsible regarding the policies listed on the back of this form.

Name of school		Phone Number
Street Address		E-mail address
City	State	Zip Code
Name of staff member responsible (Please print)		Title
Signature: Staff Member responsible for the service.		Date
Signature: Principal/Supervisor		Date
ICFL Authorized Si	gnature:	
	ies of this agreement and send to Idaho Conise, ID 83702. One copy will be returned to	
Number of cassette	olayers requested:	